



# Mental Health and Disability Services Redesign

## Children's Disability Services Workgroup

Meeting #2

August 22, 2012, 10:00 am – 3:00 pm

Polk County River Place

2309 Euclid Avenue

Des Moines, IA 50310

## MINUTES

### ATTENDANCE

**Workgroup Members:** Jennifer Vermeer, Mark Peltan, Marilyn Althoff, Nicole Beaman, Dana Cheek, Paula Connolly, Deb Dixon, Jim Ernst, Jerry Foxhoven, Jason Haglund, Nick Juliano, Sheila Kobliska, Samuel Kuperman, Janice Lane, Marilyn Lantz, Kathy Nesteby, Wendy Rickman, Rhonda Shouse, David Stout, Shanell Wagler, Debra Waldron, Susan Walkup

**Legislative Representation:** Representative Renee Schulte, Senator Nancy Boettger

**Facilitator:** Elizabeth 'Liz' Waetzig, Change Matrix

**DHS/IME Staff:** Director Charles Palmer, Joanna Schroeder, Laura Larkin, Pam Alger, Don Gookin, Carmen Davenport, Theresa Armstrong

### Other Attendees:

Kelley Pennington

Brice Oakley

Judith Collins

Susan Osby

Mike Heller

Rich Landis

Andy McGuire

David Basure

Kristie Oliver

Amber DeSmet

Susan Whitty

Sheila Hansen

Sandi Hurtado-Peters

Vickie Miene

Magellan

Iowa Alliance CMHC & Orchard Place

Scott County Commission

PCHS

Scott County SOC

Meridian Health Plan

Child Serve

Coalition for Family & Children Services

LSA

Iowa Nurses Association

CFPC

DOM

CHSC/CCC

## **WORKGROUP OVERVIEW**

Jennifer Vermeer and Mark Peltan welcomed the workgroup members, and asked for a review and approval of the August 8, 2012 Meeting Minutes. The Meeting Minutes were approved with no changes.

Liz Waetzig recapped what the PMIC group has done and summarized the vision for the workgroup. Ms. Waetzig asked Representative Schulte to provide details of the workgroup's charge to the Legislature.

Representative Schulte shared the following highlights of the charge:

- The children's redesign was to occur prior to the adult system.
- The charge is to begin looking at a service delivery system differently and make a seamless transition when youth become an adult.
- There is a need to identify priority and core services for all children/youth across the state no matter where they reside.
- Legislation and policy changes will help get to the system this workgroup designs. Some changes will be done by Iowa Administrative Code (IAC) or rule changes by DHS; some will require legislation.
- Workgroup needs to identify how the departments work together and what policies keep all departments working together: child welfare, education, mental health, etc. Funding streams need to be reviewed on a big level to budget for children and youth services.
- There is an opportunity to explore how other states provide and fund children's services. It is an opportunity to develop a system of care model that will touch every child at some level.
- Health homes are a great concept with a care coordinator to follow the child/youth.
- The change process can occur over several years.

There are regions now to bring all the services together, but the funding and oversight/accountability are not in place yet. Counties can regionalize and see what each county can bring to the table, and begin the mutual planning process for service delivery for children/youth and families. Health homes integrate the services at the family level. Work at the state level and department level involves policy makers on the workgroup.

Other workgroup members expressed the following ideas to keep in mind as the redesign progresses for children's services:

- Children/youth and families need access to prevention services at different levels depending on needs.
- Family peer support needs to be part of a Health Home.
- Some children/youth are home-schooled, and may have special needs that cannot be met in a public school system.
- The idea of a virtual system that supports refining systems at the higher level makes sense. This would provide the opportunity to look at the various systems the children/youth are moving through. It will also be necessary to make sure the system keeps changing to meet the needs of the children/youth.

- There is a need to bridge the gap for children/youth with Intellectual Disability (ID) and behavioral issues.
- Prevention is an easy way to understand children/youth across spectrums. Prevention is a strong point of what the group needs to focus on; this will help the children/youth.
- It is important to keep a holistic picture of the child, particularly when the child has a variety of conditions (mental health, medical, etc.).
- It is important to start thinking about children/youth with developmental disabilities (DD). Children/youth in out of state placements have mental health issues, but we have to think on a broader level. A systems approach makes sense along with the holistic approach to individual children/youth. It is important to make the system flexible to meet the child/youth's and family's needs.

Liz Waetzig summarized all the ideas and then asked how they can be met via the Legislature, how budgets are developed, and how communication between departments/agencies occurs.

## **DATA DISCUSSION**

- Data is used to tell a story and to aid in making decisions in the creation of the new system. What does the workgroup need to know for a higher level concept of policy change?
- There is a need to expand ID to include children/youth with DD. Is DHS collecting any data to see the financial impact to the System of Care (SOC)?
- This recommendation was adopted but DHS is not collecting data at this time. Separate workgroups made some advancement in this area in the past year. Autism is being looked at in conjunction with other disabilities like ID but it is a big price tag. The ID-DD workgroup talked about it last year, but was not able to make the step due to finances.
- Are we doing ourselves a disservice as a state by not aligning services?
- The workgroup is not ready to make recommendations. There is a need to cross data over a long term period. There is a concern that there are many funding streams and not all data leads back to one child/youth. The current system is bifurcated.
- There is a need to have the information and to have a coordinated entity to collect the data on total cost of care. And not just data on the care they manage and get paid for, but this would include all the services a child/youth receives. We cannot do a total cost of care due to the various systems that children/youth use.
- How many children/youth are in multiple systems? Can our systems talk to each other? There are a lot of barriers to prevent systems from talking with each other. How do we interpret HIPAA and 42CF? We are hoping legislation can address the communication between systems: who can talk to whom and to what extent? The health information system is helping the cause but we would need new legislation to make it happen. Technology can be used to get the data systems to talk to each other.
- There is a concern that a lot of free care is being provided and no one is tracking this.

- In terms of virtual budgeting, there is a willingness to join in the system change and look at this best for the child/youth and family to get an outcome.
- High end families go through many systems. This data is tracked through the family vs. the child/youth. High end families use 80% of the dollars allocated for services.
- To manage a family, you have to identify who they are before you can collect data across systems. We also need a deeper understanding of the families who use the most funds.
- There is a need to understand the prevalence of substance abuse issues; this drives the needs to the children/youth and families.
- What about the individuals who are turned away? Who is not being served? How are we doing with culturally diverse families?
- Private insurance is providing/authorizing less and less. There is a need to define medical necessity. The default insurance is Medicaid to absorb the cost because the need is still there.
- In terms of healthcare reform, essential health benefits have to be identified by the insurance commissioner before the legislature reconvenes. The Affordable Care Act (ACA) is supposed to cover the Bright Futures for specific populations.

## **WORKGROUP UPDATE**

### Outcomes and Performance Measures Committee

- The workgroup has identified six-to-seven domains in which they are going to identify specific measures and outcomes.
- The group is looking at the difference between outcomes that have an impact on an individual as well as performance measures for the system. In other words, what is the system doing to achieve the outcomes for an individual?
- One goal of the workgroup is to ensure only measures that will be used are collected and that what is collected is manageable.

### Service System Data & Statistical Information Integration Workgroup

- The workgroup had a very extensive set of presentations from people regarding systems currently used, what data is gathered, how it is reported, etc.
- The workgroup has developed some basic, fundamental recommendations. Now they are conceptualizing and identifying what needs to happen to exchange information effectively.
- The workgroup will keep in mind what kind of changes will need to take place to measure outcomes as recommended by the Outcomes Workgroup.

This workgroup needs to develop the structure/system for children's services first and then figure out the data/outcomes later. When the time comes, create a separate sub-workgroup to narrow down the focus on data collection. It may take a couple of years to get to the end product of the systems being coordinated.

Workgroup members continued the discussion on data with what the legislature needs to know. Rolling out the redesign over time will help the legislature make funding decisions in a planful way. The data will show if the funding is being used effectively and if more funding is needed. The workgroup should think big and broad, and then

prioritize the rollout over a few services. After the rollout of pilot projects, then other services can be identified.

Senator Boettger shared that the legislature needs some data to justify what the workgroup is trying to do. Recommend agencies work together and eliminate duplication of services/efforts to serve children/youth and families, and use funding more efficiently for better services.

## **COMPREHENSIVE CHILDREN'S SYSTEM**

*Is there a commitment to overall development of a comprehensive children's system?*

The workgroup overwhelmingly agreed to the commitment.

During the last workgroup meeting, a list of newspaper headlines was created. A comprehensive system will be needed to get to those headlines and to have a single point of access for children/youth and families (i.e., PCP, Health Home). There is no system right now, only silos. The systems will need to create an integrated network that goes beyond the client level, all the while working in a creative manner to work collaboratively. Each part will need to talk to the other parts.

It was recommended that the comprehensive children's system be built off of various parts of Early Access, which is funded by Title 5. Early Access includes departmental agencies such as Education, Public Health, and Human Services; these departments come together for the common good of the children. Early Access keeps the child/family at the center.

Early Childhood Iowa has the vision that all children at birth are healthy and successful. Early Childhood Iowa has a large board, and provides services to children ages 0 – 5. It might be a good idea to ask this group to identify the gaps in the service system and see if this lines up with this workgroup's charge.

### Workgroup Discussion

- There is a need to include children/youth, ages 0 – 21. It will also be important to focus on the transition years, and to remember to have alternatives for families to be involved, like teleconferencing.
- Families will define success of services. Families need to be used as a guide in developing the systems. If that is done, then the outcomes will be functional adults living, working, and learning in the community. States are beginning to align Early Access, Head Start, etc. to meet the needs of children/youth. The whole goal is to intervene early and the children/youth leave the system successfully. The DD population serves children/youth through the age of 26, not 21; this group has a whole set of different needs to be met.
- The use of Family Team Meetings (FTM) has been useful to bring agencies/families together around the table. The foundation to a successful FTM is a good assessment completed by the FTM facilitator.
- Take the silos apart so innovation and changes can take place and begin looking at what is impeding the development of a comprehensive children's system.
- It is important to get the data from other agencies to compare with each other.

There is an inequity or uneven access in accessing services, and it will be important to determine where the inefficiencies are in the system.

There is a critical need to develop a system that is coordinated with varying levels of complexity to meet the newspaper headlines developed during the last meeting and noted in today's meeting.

Important elements to consider in a comprehensive children's system could be based on a Pillars System and mirror Early Childhood Iowa:

- Governance Board with a vision, mission, and goals
- Service Delivery System: Should the service delivery system be done in a regional system vs. a DHS/Medicaid system?
- Local engagement
- Accountability and funding

With these aspects in mind, how can we get to the Headlines? What do we need to know for a higher level conceptual policy change?

A graphic of the System of Care (SOC) with the child/family in the middle, a team that provides the care coordination and service delivery was presented. The graphic noted layers of agencies that could be involved: Juvenile Justice, Substance Abuse, DHS, Education, etc.

Workgroup discussion focused on the SOC and what aspects need to be considered when developing a comprehensive children's system.

- System of care is at the local/community level. Care coordination and accountability may involve other entities. How does the SOC/structure get to outcomes?
- The SOC has to have competency. Primary care can be part of a Specialized Health Home. This is different than a Primary Care Health Home. Each would have a care management entity to guide the child/youth and family. It will be important to bring in employment as the child/youth ages.
- This workgroup has to go up higher to get policy changes so the lower levels of work (SOC) can work. There is a concern that you cannot organize around 'all children' as the scope is too big. The workgroup needs to narrow the scope.
- The SOC has to include all children/youth— all 750,000 children/youth, and not just the 140,000 who have special needs. Shoot for the stars to build an ideal system, and then focus on the sub-population. An agreement has to be in place that all departments agree to work together.
- The charge is to say we have a specific vision and what needs to happen. It is taking resources to meet the needs. The Governance Board has to be housed in a neutral place like the board for Early Childhood Iowa. This helps to take the focus off of the separate departments.
- Focus that all children/youth will get served. This creates an awareness that agencies work together for the common good of the children/youth and families.

- The workgroup now has two (2) charges: design a comprehensive children's system; and where is the accountability? How do we implement this? All the entities will need to talk to each other to make the new system work.
- Do we start with SOC then begin work on the higher level and actually have two (2) systems working for the common good of each other?
- What are the pros/cons of the model used for Early Childhood Iowa? The legislature was very clear that only department directors could serve on the board for Early Childhood Iowa. The department director had the authority to make decisions. This gave the board more authority up front.
- What are the themes related to models of governance, elements of the system, and building a comprehensive system for children?
- If the workgroup starts out too small in the redesign, it will be more difficult to expand. It is much better to start with a big bill.

#### Summary of Children & Youth Services System Discussion

- There is a need to build a bigger, broad comprehensive children's system that includes all children/youth.
- This system's primary focus will be to make the existing silos more porous with a seamless transition to the adult system. This is an opportunity to connect them for the common good of the children/youth and families.
- There may be a need to develop an intelligent coordinating entity, such as a governance board. This board will help to connect the silos. Who you want at the table of governance?

#### The challenges to creating an IDEAL Governance Board

- Have the power to make decisions and effect change.
- Have the will to make (mandate?) change.
- Must be the right individuals to build the system and individuals who have the appropriate authority from their agency/department.
- Can they make data-driven decisions/effective change?
- Can they make evidence-based decisions?
- Children/youth and family members are involved, and have a means to have them participate with the use of technology/webinar so participation can occur from afar. This will allow for more active participation.
- Specific charge to the workgroup with outcomes: create a means of obtaining aggregate data for system performance; there are inequities across the state in terms of access and overall inefficiencies to leverage funding for reinvestment
- Legislative deliverables.
- Cross agency systems for problem solving.
- A means to report outcomes.
- Sunset clause with renewal potential/opportunities.
- Include private providers.
- Solve system problems.
- Outreach— board is expected to go out to the communities and talk with community leaders, families, providers, etc.

## **NEXT STEPS**

- Review existing models - Early Access Model.
- Pillars – do we have to have private insurance agencies at the table to get some buy-in and possibly develop some pilot projects?
- Need further discussion on consideration of a governance board and subsequent function. This could be completed with an email assignment for workgroup members.
- Create themes/homework from the SWOT and use for future discussion.

## **PUBLIC COMMENT**

Comment: It is important for individuals to share the 'givens' going into this. Is it a given that this will follow the adult regional concept and delivery system? We need an analysis of silos that have certain constraints and figure out the extent of the constraints as the overarching mechanism to develop a children's system. Will the current systems talk better to each other? There is a need to take into consideration the constraints with private insurance. Individuals move in and out of public and private funded services. Is it a given that private insurance will be set aside or part of this discussion?

As far as specific data, who can play in sharing data and who cannot? Department of Education is an important element. Legislature has been very touchy on getting into the work of special education. Kids move in and out of the special education systems.

It is important to stay at the high level and the structure will drive the funding. How much funding do we spend on child welfare, PMICs, mental health, etc.? How many kids are in those systems? There is a need to have an aggregate dollar amount and begin looking at the need to use the funding differently.

Comment: The last part of the discussion focused on operationalizing the Health Home Model. There needs to be some flexibility on how this is implemented and keep in mind the available workforce. The schools are trying to do a lot to serve kids and families.

**\*\* Next meeting: September 27, 2012 from 10:00 am to 3:00 pm at Polk County River Place, 2309 Euclid Avenue, Des Moines, IA 50310.**

## **FOR MORE INFORMATION**

Handouts and meeting information for each workgroup will be made available at:  
<http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>

Website information will be updated regularly and meeting agendas, minutes, and handouts for the Redesign workgroups will be posted there.